PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									ess it displays a valid OMB control number. Application or Docket Number		
10/0168-1											
CLAIMS AS FILED – PART I (Column 1)								ENTITY	OR		R THAN . ENTITY
FOR NUMBER FILED					NUM	MBER EXTRA	RATE	FEE	1	RATE	FEE
BASIC FEE (37 CFR 1.16(a))								1	INTE		
	TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =							\$	OR	ļ	\$
INC	EPENDENT CLA	ims		minus 2	20 = 1		X \$=	ļ	OR	x s=	
(37 CFR 1.16(b)) minus 3					3 = •		X \$=		OR	x \$=	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
• If	* If the difference in column 1 is less than zero, enter "0" in column 2.								OR	TOTAL	
CLAIMS AS AMENDED – PART II											
	, , , , , , , , , , , , , , , , , , , ,		olumn 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A	9/1/06	RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))	•	27	Minus	" 78	= 0		FEE			FEE
	independent (37 CFR 1.16(b))	·	3	Minus	" 3	= 0	X \$=		OR	X \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						× \$		OR	X \$=	
							+s_ =		OR	+ \$= TOTAL	
		(Co	lumn 1)		(Caluma 2)	10.1	ADD'L FEE		OR	ADD'L FEE	
m		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							1 1		
AMENDMENT E		A	MAINING FTER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ·	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))			Minus	**	=	x \$ =	,,,,,,			FEE
	independent (37 CFR 1.16(b))	•		Minus	***	=	X \$= X \$ =		OR	X \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR	X \$=	
							TOTAL		OR	+ \$=	
(Column 1) (Column 2) (Column 3)							ADD'L FEE		OR	ADD'L FEE	
α			_AIMS		(Column 2) HIGHEST	(Column 3)					
AMENDMENT C		A	IAINING FTER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	' ADDI- TIONAL
	Total . (37 CFR 1.16(c))			Minus	**	=	x \$ =	FCE	.08	x s =	FEE
	Independent (37 CFR 1.16(b))			Minus	***	=	x \$		OR	X \$ =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =		OR OR	+ \$ =	
	TOTAL								OR L	TOTAL	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box is selver.											i

This Collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.